Behavioral Medicine Emphasis Area Training

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To Be Determined

1. **Patient Population:** Medical and surgical patients from culturally diverse backgrounds.
2. **Psychology's role in the setting:** Provide consultation, assessment and intervention to medical patients. Conduct applied research and program evaluation.
3. **Other professionals and trainees in the setting:** Medical Attending Physicians, Fellows, Residents, Clinical Nurse Specialists, Nurse Practitioners, Pharmacists, Social Workers, Registered Dieticians, Diet Technicians, Physical Therapists, Recreation Therapists.
4. **Nature of clinical services delivered:** Psychological assessment and treatment of behavioral issues related to illness; treatment of anxiety, depression and other DSM-IV diagnosis related to medical problems.
5. **Postdoctoral Fellow's role in the setting:** Provide consultation, assessment and treatment to patients; supervise, with staff input, individual intern cases; lead Intern Group Supervision; teach part of the Behavioral Medicine Seminar; conduct research or program evaluation that informs clinical practice; manage/triage Behavioral Medicine Clinic consults.
6. **Amount/type of supervision:** One hour for every 10 hours worked. There is at least two hours of scheduled face-to-face supervision, two hours of group supervision, as well as preparation time for clinics, observation of the fellow's therapy, consultation on their research project, etc.
7. **Didactics:** Postdoctoral Seminar
8. **Pace:** Moderate to fast pace, time is structured, down time when patients don't show for appointments.

The Behavioral Medicine Program at VAPAHCS received the Excellence in Training Award from the Society of Behavioral Medicine in 2012. This is the first VA program to have received this honor.

Patients: Patients are typically men, approximately 10% are women. Most are older – age 50 and above. Ethnic diversity includes Caucasians, African Americans, Asian Americans, and Hispanics. Most have a high school education or more, but occasionally we find patients who have very poor reading and writing skills. Many patients have disabilities and may get social security or VA compensation for an injury or illness. Many patients have served in combat or participated in demanding humanitarian missions. Rates of Post Traumatic Stress Disorder are much higher than in the general population in both men and women veterans. Often, patients referred to this program have had no prior psychological evaluation. Thus, comprehensive psychological assessment is often required.

Who we are: The Behavioral Medicine Clinic has been largely an outpatient service – although it is common to follow oncology patients who are admitted. Behavioral Medicine orients many of its activities around selected specialty clinics. The staff value research and are involved in projects that inform our clinical work.

What we do: Behavioral Medicine provides mental health services to specialty medicine and surgery clinics. The psychologist's role in a medical clinic varies based on clinic, but is often of a consultative nature, with brief interview assessments and/or the briefest of interventions with a patient who may not return for a month or more; the structure of some medical clinics allow for more in depth assessment and intervention. Patients who require weekly sessions can be referred to the Behavioral Medicine Clinic and seen there for more intensive treatment. Consultation/Liaison services are part of the duties. This requires the fellow have knowledge about other Palo Alto HCS mental health services. Assessment and

interventions are provided for weight loss (obesity), pre-bariatric surgery assessment, chronic pain, adjustment to chronic illness, adjustment to terminal illness, smoking cessation, medical adherence, insomnia, sleep hygiene, sexual functioning, stress management, transplant assessment and DSM-IV diagnoses of anxiety, depression, substance use and personality disorders when they intrude into the medical problems or treatment. We value the scientist-practitioner model and conduct research that enhances our understanding of how to work effectively with patients.

What the Fellow does: The fellow has five tasks: a) continued clinical training, b) teaching part of the Behavioral Medicine Seminar, c) develop and complete a research or program development/evaluation project, d) provide some individual supervision for interns, lead the Intern Group Supervision, and e) management and triage of incoming Behavioral Medicine Clinic consults and organizing screening clinics for referred patients. The fellow has latitude with how he or she uses his or her time. The plan for the year is developed in conjunction with the primary preceptor at the beginning of the year.

Postdoctoral Fellows' Clinical Schedule: Fellows may see patients in one or more of three settings: (1) patients referred to the Behavioral Medicine Clinic; (2) patients in a medical/surgical specialty clinic currently covered by Behavioral Medicine staff: GI-Liver, Pain, Oncology/Hematology, MOVE (weight management), MOVE Time (intensive weight management/bariatric surgery), Smoking Cessation, Andrology (3) other medical or rehab program e.g., Cardiology, Spinal Cord Injury, Western Blind Rehabilitation, Primary Care).

Who we work with: We work with a variety of health care providers from other disciplines . The members of each team vary by clinic, but almost always include physicians and/or nurse practitioners and nurses. The physicians may be attending physicians, fellows, or residents. Other providers in a medical clinic may include registered dieticians, diet technicians, recreation therapists, physical therapists, pharmacists, and social workers. Pharmacy has an active training program in Primary Care.

Supervision: Supervision is a minimum of four hours per week. There is at least two hours of face-to-face supervision provided by the preceptor/supervisor. Additional, often impromptu, individual sessions are scheduled as needed and include group supervision, observing the fellow's therapy, reviewing patients prior to clinic, doing co-supervision of an intern, and discussing the fellow's research/evaluation project. Supervision includes, but is not limited to, review of the fellow's cases, problems the fellow identifies, and personal issues related to clinical work or professional development.

Our orientation is, we hope, intelligently eclectic. Cognitive-behavioral approaches are fundamental to modern clinical health psychology. The experience of major illness raises many issues about what is meaningful in a patient's life and how family and others' reactions to the patient's disease can be understood. Thus, we believe that systems, interpersonal, brief dynamic, and existential approaches contribute significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive, but non-partisan way.

Seminar: We have a Behavioral Medicine Seminar that meets each week for two hours. It is designed for interns, and the fellow is expected to help with the teaching. It starts the first week interns are on service and usually ends in late May. The early topics deal with how to function in a medical setting, including assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, how to negotiate the hospital computer system, write progress notes, and answer electronic consults. We also provide instruction in neuropsychological screening and how to function on interdisciplinary teams. Later we move on to seminars on medical problems such as: pain, diabetes, cancer, obesity, bariatric surgery, tobacco dependence, hepatitis, organ transplantation, end

state renal disease (ESRD), visual impairment, sexual dysfunction, cardiology, medical adherence, irritable bowel disease, and TBI. The postdoctoral fellow is expected to teach at least four seminars.

Pace: Relative to interns and staff, the post doctoral fellow has more latitude in how he or she spends time. However, getting a research project up and running and completing it before the end of a year is a very demanding task.

Training Goals: The Behavioral Medicine emphasis area training is designed to help the new Ph.D. attain both general advanced practice competencies and competencies in Behavioral Medicine. The fellow should have good clinical skills and experience with a variety of Behavioral Medicine cases. At the same time, the fellow should be actively involved in applied research or program evaluation. Should there be a gap in the fellow's training, we would expect the fellow to use part of the postdoctoral year to get clinical training he/she may have missed. We expect the fellow to be competent to diagnose the following disorders: substance abuse, anxiety, depression, psychosis, personality disorder, cognitive impairment and somatization disorder, and to have training in an empirically based treatment for anxiety and depression. Fellows should also be able to intervene with personality disorders and some substance abuse problems including tobacco dependence. The fellow should function well with staff from other disciplines. Fellows will get experience in multiple specialty clinics such as Pain Clinic, MOVE (weight management), MOVE Time (intensive weight management/bariatric surgery), GI- Liver Clinic, Oncology/Hematology, Andrology, and Smoking Cessation. The fellow is also expected to design and carry out a research or program evaluation/development project. Ideally, this project will be applied in nature and be designed to inform clinical practice. Many fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research. Finally the fellow should get experience conducting supervision. In addition to supervising an intern with a staff psychologist observing, the fellow will participate in the Postdoctoral Fellow Seminar that places a great emphasis on supervision.

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